Kentucky Department of Veterans Affairs Application for Extension of Tuition Waiver Benefit

1. Firs	t Name	_ MI	Last Name	
2. Add	lress	City	KY Zip Co	de
3. Date	e of BirthS	SN	Telephone	
4 Name of state supported institution of higher learning				
5. Current Tuition Waiver Certificate number:				
6. If sp	oouse of deceased veteran, are	you remarried?	Yes	No
Applicant Certification				
I certify that I, the above named applicant, have not obtained a diploma or certificate of completion from a school or institution of higher learning while using the Kentucky Tuition Waiver benefit. I hereby certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will be disqualified from future eligibility for Tuition Waiver. I hereby authorize the Kentucky Department of Veterans Affairs and agencies to which my name is certified or referred to make all necessary investigations concerning my status, eligibility, or action in any transaction. I authorize the Kentucky Department of Veterans Affairs to receive and make available to state institutions of higher learning my records attached in support of this application, and further authorize and request each institution, agency or organization to provide all information that may be sought in connection with my application.				
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